

Date: _____

Name: _____

Address: _____

Email: _____

Case #: _____

Citizen? Yes	No
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Banking

Civil Rights

Crime/Drugs

Education

Employment

Health Insurance

Housing

Immigration

Medicare/Medicaid

Military

Postal Service

Social Security/SSI

Taxes/IRS

Veterans Affairs

Info Request

Miscellaneous

[illegible]

Agency Contacted: _____ Name: _____

Name: _____

Phone Number: _____ Fax #: _____

Fax #: _____

Response:

[illegible]

CONGRESSMAN EDOLPHUS TOWNS
Privacy Form

I hereby authorize Congressman Ed Towns to request, on my behalf, pertinent to the Freedom of Information and Privacy Act, access to information concerning me.

Congressman Ed Towns is authorized to see any materials that may be disclosed to that request, and to speak on my behalf.

NAME: _____

DATE OF BIRTH: ____ / ____ / ____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: (HOME) _____, **(WORK)** _____

SOCIAL SECURITY: ____ - ____ - ____

IMMIGRATION ALIEN #: _____, **DATE FILED:** _____

BRIEFLY STATE THEN NATURE OF YOUR PROBLEM:

SIGNATURE: _____

DATE: ____ / ____ / ____